



City of Billings and
Yellowstone County Zoning Jurisdiction



SHORT TERM RENTAL PERMIT APPLICATION

316 N 26th ST. 5th Floor, Billings, MT 59101- 406.657.8247

Requirements: Please apply online through the Citizen Access portal: <https://services.billingsmt.gov/citizenaccess/>. 1) Create a login in 2) Create a Personal Account 3) Apply for PERMIT 4) Select SHORT TERM RENTAL for the permit type. 5) Complete Application. 6) Select PAY FEES - Call (406) 657-8247 if you need assistance.

Fee: Call (406) 657-8247 for current fee.

Permit #: PLNX-_____

Short Term Rental Address: _____

Property Owner Name(s): _____

Mailing Address _____ City/State/ZIP: _____

E-mail: _____ Phone: _____

PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND TO WHOM ALL
CORRESPONDENCE IS TO BE SENT (IF DIFFERENT THAN OWNER):

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

I understand that the filing fee accompanying this application is not refundable, that it pays for the cost of processing, and that the fee does not constitute a payment. Also, I attest that all the information presented herein is factual and correct.

Signature: _____ Date: _____

(Recorded Owner)

If you plan to complete this application using the online portal (see above) then only the first page of this application needs to be scanned and uploaded with your application. If not submitting online, the checklist on the following pages is considered part of this application and must be returned to the address above with initials and full payment.

Checklist for Applicant:

(Not required if filling out the application through the online portal)

- 1) I am one of the following:
 - ☐ A person whose name appears on the deed of the dwelling unit or property
 - ☐ A trustee of the trust that appears on the deed of the dwelling unit or property
 - ☐ A corporate office of a corporation registered with the State of Montana
 - ☐ A property manager who will be managing this short-term rental on behalf of the owner of record
 - As a property manager, I understand that I am required to provide the Planning Division with the recorded property owner's signature on this application before this application can be deemed complete.
- 2) I have confirmed the location is not restricted by private covenants, restrictions or HOA rules X_____
- 3) I will not rent to more than 2 persons per bedroom. X_____
- 4) The space for the short-term rental is a habitable space and not located in an accessory structure (garage/shed) or any structure that does not contained finished living space such as a commercial building, industrial building, a tent, recreational vehicle or travel trailer. X_____
- 5) Type of STR requested:
 - ☐ A guest home (is owner or long-term tenant occupied) – # of short-term rental units per parcel: _____
 - ☐ A tourist home (is an unoccupied residential dwelling) - # of short-term rental units per parcel: _____
- 6) I have confirmed that the short-term rental is not a deed restricted affordable dwelling unit. X_____
- 7) I have confirmed that the short-term rental will not be used for parties or large social gathering events. Guests in town for those events may rent an STR for lodging purposes only. X_____
- 8) I have obtained or applied for a City of Billings business license for the business of managing a short-term rental. Business license #: OL-_____
- 9) Local contact information (must provide a LOCAL contact available 24 hours a day for emergencies):
 - Name of 24-hr contact _____
 - Phone number _____
 - Email for 24-hr contact _____
- 10) Confirm by initialing that the required safety information is available in each short-term rental unit:
 - _____ Emergency safety information (911, Poison Control, Local contact information
 - _____ STR permit number issued by the City of Billings.
 - _____ Smoke detectors in each required area (sleeping rooms, hallways)
 - _____ Fire extinguishers
 - _____ CO² Detectors

Continued on next page

11) Confirm by initialing that the Guest Information required below is available in each short-term rental unit:

_____ Preferred Parking is on private driveway first with overflow parking on the street where permitted. Parking on site in non-driveway areas is prohibited (lawn, etc.)

_____ Instructions for location of solid waste containers and proper disposal of household waste.

_____ City of Billings Noise regulation requires quiet hours in Neighborhoods between 8 pm and 7 am.

12) I attest and agree by signing and submitting this application to comply with the short-term rental regulations as adopted by the Billings City Council. X_____

13) I acknowledge the short-term rental permit is issued and renewed on an annual basis. X_____

14) I acknowledge the STR permit may be revoked if the Zoning Coordinator finds that:

_____ The property has unresolved code enforcement violations

_____ The property is not in compliance with all the zoning requirements, permit requirement or where applicable any fire, building or safety laws and ordinances

_____ The applicant has knowingly made any false, misleading or fraudulent statement of material fact in the application.

_____ The property is not available for immediate short-term rental.

_____ The property owner's or property manager's business license is not current.

Each short-term rental that you manage will require (1) an active City business license and (2) a Short-Term Rental Permit for each location from the Planning Department (which needs renewed annually).

City of Billings Business License Number OL-_____